KANSAS MEDICAL JOURNAL.

VOL. V. TOPEKA, KANSAS, DECEMBER, 1893. No. 12.

ORIGINAL ARTICLES.

How Shall We Manage Suppurative Salpingitis?

Read before the Eastern Kansas Medical Society in Topeka, October 12, 1893,

By GEO. HALLEY, M.D., Kansas City, Mo.

In the every-day practice of medicine we meet with cases of irritation, inflammation and suppuration of the fallopian tubes. It occurs almost invariably in the hands of the general practitioner—the specialist rarely being called on for an opinion until a much later period. A short consideration of a few of the most salient points of a differential diagnosis and treatment of those conditions will be exceedingly appropriate at the present time. I can well imagine the surgical gynecologist who hears these remarks saying, "What is the use of talking about such things now? There is but one thing to do—open the abdominal cavity and remove the ovaries and tubes." The medical gynecologist, on the other hand, will say: "There is but little use in discussing this subject, for I have fewer deaths in my practice where I never interfere or permit interference in a surgical way. I can manage these cases by my manipulations and medications." Neither of these views, however, are entirely correct, both being but one side of the question. It is not the whole truth in either case. Neither does the truth lie in a mixture of the two procedures. What is more necessary than all other things is a clear understanding of the pathological conditions present and common sense applied in the way of treatment.

To show that a purely surgical view of this question is entirely wrong, I have only to refer to the record book of any general hospital. The fearful mortality rate is an abundant answer to all such inquiries. Operating is a good thing. Operative interference is all right, providing it is done all right and at a proper time. It is then a surgical procedure, a beneficent method of treatment fraught with the greatest good to the greatest number of persons, but done otherwise it is nothing but a slaughter and should be held at law as criminal.

The time is not very far distant when such an instrument as a curette was entirely unknown. Deaths, I believe, at that time were not more frequent without the slightest surgical interference than they are now with all the surgical appliances and antisepsis to boot. These cases at that time were looked upon and spoken of as pelvic cellulitis and pelvic abscesses. The means relied upon by the older physicians were simply those antiphlogistic—hot local applications, free purgation, thorough cleanliness and opium in sufficient quantities to relieve all pain. How many of these cases made a good recovery under such a course of treatment? Men who practiced medicine twenty years ago alone know.

It is true that abscesses formed at times and were opened either within the vagina or the abdominal wall. Its discharge for a longer or shorter period of time was followed by more or less constitutional disturbances, but the majority of them recovered. It is worth while then for us, who with all our boasted knowledge of modern methods and antiseptic procedures, with all the light that modern bacteriological science affords us, to inquire why we are not only not doing much better than practitioners were before the dawn of this knowledge. It is not enough that we are doing as well with what knowledge we have, we ought to do much better,

that fewer of our cases should succumb to this malignant influence. In my judgment the reason of the still high rate of mortality is that no discrimination is being made in the cases that can be operated on with relative safety, and those that cannot. That every case of inflammation of the uterine appendages is a proper subject for surgical interference is untrue. The operative interference in the slight inflammatory trouble affecting them is, I hold, the principle cause of the fearfully high death rate we are experiencing.

A simple catarrhal salpingitis, which will result in a recovery if the individual keep the recumbent position for a reasonable length of time, using ordinary antiphlogistic remedies, is certainly not a proper case for the surgeon's interference. These cases come under the notice of every practitioner of medicine. The country practitioner meets them and he puts his patient quietly to bed, and if not an enthusiastic surgeon he treats her "on general principles," as he aptly terms it, and in a few days, or weeks at most, she has made a good recovery without the mutilation that would have fallen to her lot had she been under the care of the modern advanced surgeon. Nay, she may even become a mother after a severe catarrhal inflammation of the tubes. Such certainly would not have been the possibility had her case fallen into the hands and been entrusted to the care of the advanced surgical gynecologist. She probably would not be dead as the result of her operation, but she would have been mutilated as certainly as such a procedure was possible. She would have been told that she had just escaped a fearful death. All the pictures of death by pyema or septicemia would have been held up to her, and while she may go through life feeling that it was lucky for her that she escaped death, she would feel that she was a mutilated creature, unable to perform one of the special functions of her existence. When, then, is it possible and proper to interfere surgically for the relief of her malady? Clearly not in those cases where any other means less formidable than that which contemplates mutilation of the human organism is possible. It is not a question whether the operation will destroy life, or not, but whether a simple interference will not suffice to effect a cure.

What, then, are the indications for abstaining from operating, and when should operative interference be advised?

My judgment is that operative interference should only be urged in cases where pus is undoubtedly present, where a judicious use of mercury internally and antiphlogistic procedures externally have failed to permanently relieve the symptoms. Where, after recovery, relapses continue to recur again and again, and no permanent improvement is effected by any medicinal means. How long this is possible cannot be positively stated in numbers of days, weeks or even months. If the accession of the symptoms have been rapid, an operation may possibly have to be urged within the first week. It is rare that this is the case, however, and generally many weeks supervene before the prudent surgeon will decide on a removal of the offending members.

Then there is another class in which there is no question about a large accumulation of pus in the pelvis in which the symptoms may have only been manifest a relatively short time; they have been severe and demand interference of some kind immediately.

This, I take it, is the rock on which most young surgeons split. They reason thus: "If this woman is not operated on immediately, this pus sac will open into the peritoneal cavity, and death by general suppurative peritonitis will result."

Is operative interference the best thing to do to save life? Are we justified at all times and under all circumstances in adopting radical means, even when that radical procedure is the only method of effecting a cure? I think not. Of what avail is it to your patient that you have adopted the proper method of effecting a cure if this method kills her? A man drowning might be readily hauled out of the water by having a pike thrust through him, but he might just as well have died by drowning as die from the wound received that was intended to haul his body out of the water. The spasms of

strychnia may be arrested by toxic doses of opium, and the death by opium may be the easier, but it is death in either case. It is not our province to substitute one mode of death for another, but to save and prolong life. Life is sweet to all, and we are not to be the judges of the conditions under which it shall cease to exist.

In those cases, then, in which an operation holds out a simple possibility of saving life, I believe it a better practice to aspirate the abscess and repeating the aspiration many times, or, if necessary, opening the abscess externally even at the expense of having a sinus left for months or years. These sinuses can be closed, a future operation can be done, and done at less risk than will be found in many acute cases where large abscesses exist. It can be done at a time when the vitality of the organism is greater and when the operation can be done with relative safety and with success.

Without being tedious, then, I would say in all cases of catarrhal salpingitis no operation should be done. Other means are at hand, as certain to cure and much safer, and while they may give less eclat to the general practitioner as a surgeon, they will reflect far more credit on his judgment and give him a much lower mortality rate. In cases where the abscess is exceedingly large, paliative means should always be adopted until the very best possible state of health has been obtained, and then, and then only, will all other means have failed to close the sinus left by aspiration or incision should the radical operation of removing the sac be attempted. If this line of procedure were carefully followed out I am satisfied the mortality rate would take a sudden drop from what it is at present, and vastly more credit would attach to the surgical branch of our noble profession.

Doctor.—"Troubled with sleeplessness, eh? Eat something before going to bed."

Patient.—"Why, doctor, you once told me never to eat anything before going to bed."

Doctor (with dignity).—"That, madam, was 1889. Science has made great strides since then."—*Ex.*

Clinical Cases.

Read before the Golden Belt Medical Society at Junction City, October 5, 1893,

By E. B. LAFEVRE, M.D., Abilene, Kansas.

The following five cases having come under my observation during the past four years, all of which I believe to be of sufficient interest to be worthy of report, and still not having the number of valuable points to warrant embodiment in separate narration, I take this means of reporting them:

A CASE OF COCAINE POISONING.

Max S., German, æt. twenty-four years, of stout build and in every way an apparently healthy man, consulted me on April 21, 1890, because of a tight congenital phymosis, for which I advised circumcision, and to which he readily consented.

On the following day at about 1 o'clock the operation was begun. For purposes of anæsthesia I used a four per cent. solution of cocaine hydrochlorate (McKesson's and Robbins' make), of which about twenty to twenty-five drops were injected. This amount of the solution produced complete anæsthesia, for, as he afterwards told me, he felt absolutely no pain during the excision of the prepuce. One injection was made about the middle of the dorsum above, the other at the frænum below, the point of the needle being pushed to either side in the usual manner, and the penis encircled by a rubber band.

The quantity of cocaine injected could not have been more than one grain, provided the solution was of four per cent. strength.

Nothing of note occurred until the prepuce had been excised and the sutures in place. Before tying sutures, I am accustomed to remove the rubber band to ascertain if all hemorrhage has ceased. The latter was found to be completely stopped. I then began tying my stitches, but before I had proceeded very far, I noticed my patient had become talkative and restless, so much so that admonition, several times repeated, was necessary to keep him quiet; before I

was able to complete tying the sutures, we find him in a delirious condition, tossing about in bed, muttering in German, rolling the eye-balls, with a wild, staring look, and throwing his arms and legs.

At first thought, I mistook the condition for that of hysteria, but before long I realized that I had a case of cocaine poisoning to deal with. The pulse rapid—100 or over—respiration very deep, and about 21 per minute; pupils moderately dilated and respiration profuse.

Presently the scene changes from one of excitement to that of stupor, the latter gradually deepening into a comatose state.

The pulse slowing to forty-eight, and the respirations to fifteen per minute and very shallow, the pupils widely dilated, the eye-balls turned upwards, the head burrowing in the pillows, the extremities cold, and the entire bodily surface bathed in a cold, clammy sweat. During this state patient had an involuntary evacuation of both bladder and bowels.

Hypodermatics of whisky and ether were given, and heat was applied to the extremities, but it was fully two hours before he began to slowly recover consciousness; the pulse returning to normal and then to stightly above—eighty.

I left him at 6 P. M.; saw him again at 8 o'clock. At this time he expressed himself as feeling quite well, with the exception of a dull heavy headache and considerable thirst.

Remarks.—From the small amount of cocaine injected and the short time elapsing between the removal of the band, thereby allowing the drug to enter the general circulation, and the time of its first manifesting its physiological effects, I think we are justified in arriving at one of two conclusions: Either a part or all of the drug was made directly into the veins or that the individual was specially susceptible to the action of cocaine. There is one other mode of explaining the symptoms of this case, that is, by supposing the development of a micro-organism within the solution, a thing which generally occurs in alkaloidal solutions long made. I think very little credence may be given this latter theory because of the symptoms being so typical of cocaine poisoning.

MUMPS, INVOLVING THE SUBMAXILLARY GLANDS.

In March, 1891, I was called to see a child three years of age with a swelling of the left submaxillary gland, accompanied by a rise of temperature to 102–3 and general malaise.

The gland was quite tender on pressure, the skin over the region hot, tense and glistening.

I learned from the mother that about two weeks previous to my being called the child had been exposed to mumps, and that she supposed the child had mumps, and only on account of the peculiar location of the swelling had she thought it better to have medical advice, fearing the disease might prove of a different character.

I did not make a positive diagnosis, but gave it as my opinion that it was a case of *mumps, involving the submaxillary glands.*

The case continued in about the same condition for three days, when the submaxillary gland of the right side began to inflame. At this time I was again summoned. Found a like beginning of the same process on the right side.

Still believing myself to be correct in my opinion, I expressed myself as thinking so, and we concluded to treat the case expectantly and await results. At the end of two days more, the father came to the office and told me that his other child, five years old, was beginning to have mumps, and that they were coming in the right place. I made it convenient to see the children, and found it just as the father had stated. Both of the children made good recoveries in about the usual time. The parotids of the younger child were in no way involved in the process.

Remarks.—Involvement of the submaxillary glands, due to the virus giving rise to mumps, (whatever it may be,) must be of the extremest rarity. Involvement of these glands, coincident with involvement of the parotids, while occurring with somewhat

more frequency, according to various writers, but with such great infrequency as to call forth only a mere mention. With the exception of a few lines by Henoch, in his "Diseases of Children," I have been unable, after a moderately careful search of the literature, to find any cases reported. He says: "Whether the sublingual and submaxillary glands may also receive the contagium is still undecided. Some cases observed by Penzoldt (*Deuche Med. Wochenschrift*, iv, October 19, 1878,) and Soltmann (*Jahr. f. Kinderheilk.* vii, s. 409,) favor this view, and I myself treated an adult in whom after gastric and febrile prodromata both submaxillary glands became enlarged and metastasis to the right testicle occurred, although the parotid gland was unaffected."

Flint, (*Practice of Medicine*,) in regard to the coincident involvement of other glands, says: "A similar coincident inflammation of the submaxillary and sublingual glands is not infrequent."

All other authorities which I have examined either make no reference to the matter or in a few words dismiss it, as though it were of such extreme rarity as to be of no moment.

In the case above reported there can be no possible question as to the etiology. The fact of the exposure, the course of the disease, and the fact of its producing in another individual a *genuine parotitis*, running the regular course of mumps, point distinctly and beyond peradventure to the same cause.

CARDIAC ASTHMA.

In June, 1891, I was called to see J. R., a white male, aged forty-nine years, who was said to be a great sufferer from asthma.

I found an exceedingly emaciated individual, sitting in a chair, bending forward and suffering from intense dyspnœa. Upon examination, I learned that his trouble had begun some ten or twelve years previous to my visit, and had been growing steadily and gradually worse until that time. For the last two years he had been utterly unable to perform manual labor, and was compelled to sleep in his chair, as any attempt to assume the recumbent posture brought on so severe an attack of dyspnœa as to compel immediate rising.

Until within the last few days, as long as he would sit quietly he would suffer no inconvenience, but any attempt, however slight, at stirring about, precipitated an almost immediate attack of difficult breathing. But for the last few days the dyspnœa had been almost constant and was rapidly on the increase.

The pulse was slow and feeble; at times it would lose a beat, but irregularity was at no time a prominent feature in the case unless some extra exertion was made.

The superficial veins were all more or less enlarged and tortuous, especially about the region of the neck.

On percussion, the heart was found to be very much enlarged. Auscultation gave very feeble and labored heart-sounds, and a distinct mitral regurgitant murmur was present. Palpation could elicit no apex impulse in any position assumed.

Examination of the lungs showed more or less venous stasis about the bases, with large and small bronchial rales over every portion of the chest. There was some cough present and large quantities of a frothy mucus was expectorated.

Swelling of the feet and ankles would occur if the parts were allowed to depend, but this he largely prevented by keeping the feet elevated.

The urine was lessened in quantity, and a small amount of albumen was present.

The appetite and other general conditions were good considering his state.

We unquestionably had a condition here brought about by a dilitation of the left ventrical following a mitral lesion, giving us a typical example of what some authors are pleased to call "cardiac asthma." No history of rheumatism was present in this case, and I was wholly unable to find an adequate explanation for the original heart lesion.

This man was placed upon a fresh infusion of digitalis, and for a time this drug produced marked relief, but soon its effects wore out, and then one after the other of the cardiac stimulants were tried, all with

more or less success, until the heart was finally exhausted, some two and one-half months after I first saw him.

AN OBSTINATE CASE OF HICCOUGH.

In March, 1892, one Saturday night about 10 o'clock, I was asked by Mrs. O. to prescribe for her husband, a Mr. O., an exceedingly rugged and well preserved old gentleman of seventy-five years, for a hiccough which was stated to have begun about 3 o'clock of the afternoon of the same day. After making a few inquiries and regarding it to be of gastric origin, I sent him a couple of doses of sodium bromide and a small quantity of dilute hydrochloric acid.

Early the following morning I was informed that the medicine had been of no avail toward ending the attack, and was asked to see him, as he had continued to hiccough during the entire night, and in consequence of same had obtained no sleep whatsoever.

Still believing the cause to be gastric, I continued the acid and also ordered a brisk cathartic, together with a large dose of chloral in conjunction with sodium bromide. Under the chloral he slept a good portion of the day, and so long as he slept he did not hiccough, but as soon as he was fairly awake the spasms again began with renewed energy. Hypodermatics of morphia were then resorted to with the result of stopping the hiccough so long as he was under the opiate, but the spasms would immediately return as the effect of the drug wore off. I then proceeded to examine every organ of the body for an explanation, but all to no purpose. By this time I had ceased to blame the stomach, and was more inclined to a lesion of the brain, although I could discover no symptom which would indicate a brain lesion.

The case from day to day became more and more desperate, as he could contain no food, the violence of the spasms causing vomiting whenever anything was eaten, and he was rapidly becoming exhausted.

The entire list of remedies usually given in such cases was then gone over in the hope of finding something to relieve this distressing affection, but nothing did so until on the eighth day of the attack we obtained some five grain musk capsules, when after he had only taken three the hiccough suddenly ceased, and he thereafter had no further trouble.

During the whole course of the disease absolutely no cause could be found to explain it, and whether in the end the hiccough ceased because of the cessation of the conditions causing it (whatever that might have been), or was due to the effect of the musk, I am wholly unable to say, but am rather inclined to the former view in spite of the fact that the hiccough was as severe in every particular at the beginning of the administration of the musk as it had been at any previous time, for I can scarcely understand how so mild a sedative as musk is could produce such effects when such remedies as chloral and morphia had been pushed to full physiological response without the least effect other than temporary.

IMPETIGO CONTAGIOSA.

A teamster, about twenty-eight years of age, came, bringing with him his baby, some two years old, in April, 1893, to consult me in regard to a skin affection which both he and the child had contracted. In the case of the baby the disease was limited to the scalp and face, and in that of the man to the backs of both hands.

The eruption had made its appearance on the baby some ten days previous to the visit, and the man had for the first time noticed it on himself some two days after that of the child. At the same time the man told me that he knew of as many as a half-dozen cases of the same nature in the part of town in which he lived.

At the time these cases came under my care eruption was to be seen in all stages of development, from a mere macule to a well-formed pustule, some of the latter being as large as a small-sized hazel-net. The pustules when well developed were but slightly raised above the level of the skin, and all were surrounded by a brilliant erythematous zone. When the pustules became well filled they would burst and the small ulcer left

would then secrete a thin semi-purulent fluid, this latter would dry on the surface, producing a crusting. When first seen, the child's scalp was very nearly covered with these crusts. Between the pustules the patches of skin were perfectly healthy. In neither case had there ever been any itching or other discomfort.

An oxide of zinc ointment was prescribed with the happiest effect, both cases recovering in about eight days.

This is a highly infectious disease, occurring for the most part among people in the lower walks of life, and where little regard is paid to personal cleanliness. Those in robust health are the ones most frequently attacked, the disease running a course of from two to three weeks, ending in spontaneous recovery. When the secretions come in contact with a healthy surface, new pustules are formed; in other words, it is self-inoculable.

There seems to be a somewhat wide difference of opinion among dermatologists as to the *materies morbi* producing this disease, some claiming a fungus, others a bacterium, and still other careful observers, after prolonged examination, being unable to detect any organism at all. But from the infectious nature of the disease, one is very safe in assuming it is a germ disease.

The prognosis is always favorable.

Minor Surgery.

Read before the Eastern Kansas Medical Society at Topeka, October 12, 1893,

By L. REYNOLDS, M.D., Horton, Kansas.

We should first master the principles of minor before attempting major surgery, since the former involves all the principles of the latter.

Anything surgical short of a hysterectomy, laparotomy or some other equally grave operation is apt to be regarded with but little interest.

It is both easier and safer to become familiar with the essentials of aseptic and antiseptic surgery in smaller than in larger wounds.

I believe the average doctor spends too much time in the study of rare conditions to the detriment of his knowledge of the common.

Teachers and writers in the medical journals give too large a proportion of their time and space to the description of diseases or conditions seldom met.

The doctor who is always watching for rare diseases may so diagnose a common one, as a graduate of one of our leading schools, while attending his first obstetric case, tried to counteract the advancement of the oncoming head, having in mind only inversion of the uterus. Until his efforts failed it did not occur to him that a different condition confronted him.

I would warn against him who treats carelessly small wounds. A fly bite may become serious by the accompanying or subsequent infection.

He that is careful and faithful in the little common things will usually be found ready for graver responsibilities.

This paper will be chiefly devoted to the consideration of wounds of the extremities—feet and hands, particularly the latter.

The majority of injuries coming under my care are those of railway employes, and consist of punctured, incised, lacerated and crushed wounds. The injured member is usually covered with oil, soot, dust and other foreign matter. It is in the treatment of these wounds that I have learned the value of the thorough application of soap and water. I think there is something in the kind of soap used. I prefer a tar soap as it seems to unite with the dirt better than any other.

If I were compelled to use either soap or antiseptics alone, I would choose the former.

The lodging places for microbes are numerous about the fissured hands and nails of the mechanic or laboring man.

It is only by a scraping and soaking process that such wounds may be made surgically clean. The average germ is afraid of soap and water, and its prolonged applica-

tion is apt to make him timid about a wound.

A lesson not yet learned by some practitioners is the necessity in the dressing of a large proportion of wounds of a *prolonged contact* of the germicide. Merely dipping infected hands or instruments into an antiseptic solution and immediately removing them will accomplish no more than a little irritation of the more accessible microbes. It is because of this lack of perfection in method that so many delayed their concurrence in the antiseptic theory, and even yet some are found who, for the reason that they have had no experience with surgical cleanliness, still reject it.

In order to have suppuration, three favoring conditions must be present. These are warmth, moisture and microbes. We should always aim at the exclusion of the latter two, although wounds do well when either is absent.

Germs can do no harm without moisture. It is for this reason that dry dressings are in general use for fresh wounds.

Microbes seem to be water animals, and when found on dry territory are very docile and easily managed.

Understanding this, we see how necessary it is to control all hemorrhage and avoid any other source of moisture before applying a permanent dressing. If all oozing cannot readily be controlled, it is better to apply a temporary dressing which should be removed not later than twenty-four hours, when a permanent dressing can usually be kept dry.

Unless we can achieve the victory over germ kind, the permanent dressing is the worst of all dressings, for if suppuration occurs, it fulfills all the conditions and has all the dangers of an unopened abscess.

The perfect dressing saves time, lessens pain and makes friends.

A good deal has been said about the value of a blood clot to fill dead spaces in wounds to promote healing. My experience has been that they are unsatisfactory and dangerous. They separate surfaces that should be in contact and increase tension, thus interfering with local nutrition. They also favor delayed or imperfect union. May cause detrimental reflex influences besides producing a condition favorable for the lodgment, development and rapid multiplication of germs.

We know from experience that nature, if unobstructed in her efforts, will successfully antagonize a moderate supply of microbes. Incised wounds frequently heal when neatly closed without suppuration when no germicides are used. Every wound should be regarded as infected until disinfected. In my judgment many of us have been using too strong antiseptic solutions, causing a superficial necrosis, encumbering nature's efforts by devitalized tissue which invites and nourishes microbes.

A prolonged contact of a mild solution is more successful.

The perfect dressing has not yet been discovered — one that will not irritate more or less tender granulations.

As a rule, first dressings should not be changed unless moistened by hemorrhage or otherwise.

A stroke or accidental bump of a wound is liable to necessitate change of dressing on account of hemorrhage or the admission of atmospheric air.

A dressing when changed should be thoroughly soaked next to the wounded surface before removal by a germicidal solution and all moisture possible removed before another is applied.

If we cannot entirely sterilize a wound, we should not relax our efforts on this account, for a partial cleansing and disinfection is far better than none. Infected wounds should be frequently dressed until disinfected.

Amputation of fingers and toes are very important parts of minor surgery.

Of course, any doctor can amputate a finger or toe, but he doesn't always do it in a way to secure a good stump — one with a good cushion of flesh over its end. We should try to imitate nature in the cushion she places over the distal phalanges when we come to amputate a digit.

A stump covered only by granulation is

certain to be unsatisfactory to a laboring man.

Fear of an anæsthetic or pain may deter some from having an operation that will insure a good cushion and a useful stump, but we should be firm in our recommendations, for if we are not our patients will not remember us kindly when suffering from the use of a thinly-clad phalanx.

The patient should first be anæsthetized and the injured member thoroughly scrubbed with soap and water, which on account of tenderness could not previously be done. Then the somewhat prolonged contact of a moderate strength solution of bichloride, followed by the application of a dry dressing of antiseptic powder, gauze and plenty of absorbent cotton can safely be left to heal under the one dressing. It is hardly necessary to add that instruments, ligatures, hands and immediate surroundings of the wound should be clean.

If there is any devitalized tissue in the flaps it will form a culture medium for germs and render very doubtful the perfect healing under one dressing.

The conditions that insure rapid healing of a stump are a neat co-aptation of the flaps and skin, freedom from hemorrhage or other moisture, the removal of all devitalized tissue and tissues of low vitality by nature, such as some joint structures which are apt to lead to complications, the exclusion of atmospheric air by the dressing above mentioned or some other equally efficient one with elevation of the part and rest.

If I cannot save any structures below a joint I prefer to go high enough above to remove all articular surfaces.

A disadvantage with which the general practitioner has to contend is his exposure to or contact with a variety of infection, such as all stages of suppurating wounds, erysipelas, puerperal septicæmia, diphtheria, etc. He may have all of these conditions under his care at the same time he is treating fresh wounds. This should lead him to double his care to avoid damage to fresh wounds.

He should form a habit of carefully washing his hands after contact with contagion, and should never feel clean till he does so.

Voice Without a Larynx.

At a meeting of the College of Physicians on the 4th inst., Dr. J. Solis Cohen exhibited a patient who speaks without a larynx; and the college desired the president to appoint a committee to investigate the manner in which the voice is produced.—*Medical News.*

The larynx and the uppermost tracheal ring of this patient was removed by Dr. Cohen some eighteen months ago for an intraneous and extraneous laryngeal adenocarcinoma. The upper end of the trachea was drawn forward and then stitched to the skin, so that there has been no communication since the operation between the lungs and the mouth. Yet the man speaks with a fairly well modulated voice, sufficiently audible for all practical purposes.

He breathes without a tracheal canula, through the upper orifice of the trachea, which presents externally. When he is about to speak the skin above the trachea becomes distended into a small vesicle of air, the contents of which are propelled in a stacatto-like manner against some structures just at or above the orifice of œsophagus, and which Dr. Cohen takes to be the horizontal fibers of the inferior constrictor muscles of the pharynx.—*Medical Review.*

WE publish in this number of the JOURNAL resolutions upon the death of Dr. L. J. Warren, of Clay Center. We extend our sincerest sympathies to the bereaved friends. He was a man of culture and refinement, and a physician of learning and ability. He was respected as a physician and loved as a man.

IT is claimed that retinitis albuminurica occurs in about five per cent. of pre

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in regular session at 8 o'clock P. M.

President S. E. Sheldon in the chair.

Members present: Drs. Righter, MaGuire, Cannon, Munn, Powell, Stewart, Barnes, Storrs, Alexander, Lindsay, Gilbert, Magee, Ward, W. E. McVey, Sheldon, Wallace, R. E. McVey, Minney, Peers, Fagaines, Bradley, O'Brien, Wehe, McClintock, Lewis and Colcord.

Dr. Reid Alexander read a "Report of a Case of Traumatism of the Membranous Portion of the Urethra."

In the discussion, Dr. Munn said: "I can't imagine a man with rupture in this portion of the urethra getting well after three or four months' treatment without cicatricial tissue resulting. A urethrotomy is the proper procedure."

Dr. Righter.—"Rupture of the membranous portion of the urethra is most likely to be the result of injuries to the perineum. I do not think internal urethrotomy in such cases safe. Injuries to the urethra in a longitudinal direction do not often result in stricture."

Dr. Lindsay.—"I do not understand that anything but an external urethrotomy could be made in such a case."

Dr. Powell.—"I would like to have the doctor explain why there was no more extravasation with a complete rupture of the triangular ligament."

Dr. Sheldon.—"I would commend placing and retaining the catheter for the time mentioned. This facilitated the formation of new tissue in the rupture. The cells pass along this as a bridge and assist in the process of regeneration, the catheter forming a support for the new cells. Otherwise they would break down."

Dr. Minney.—"I believe this theory is correct, and explains the absence of stricture up to this date."

Dr. Alexander.—"The idea of a mucous membrane reforming here is an old one. It is not a mucous membrane which is formed, but a cicatricial tissue, and a stricture always results."

Dr. McClintock.—"I think most all these ruptures are in the bulbous portion, the exception that they occur in the membranous portion. It struck me that in those cases where the ends cannot be brought together it would be a good idea to do a skin grafting. Let the skin form the new mucous membrane. This has been done and I should do it and expect less subsequent contraction than if it were left to form cicatricial tissue. I would not leave the catheter in, or, if I did, I would pass it out through the perineal wound. There is serious objection to leaving a catheter in. It leaves an open road, and there is danger of sepsis."

Dr. R. E. McVey reported a case of gunshot wound of the urethra, which he had treated twenty years ago. A catheter was introduced and the external wound closed. The result was good.

Dr. Sheldon.—"I reiterate my former statement. The new tissue is histologically mucous membrane, though it may not have all the properties of mucous membranes. So with bone and nerve."

Dr. Gilbert.—"The mucous membrane of the urethra is stratified, and when injured is not reformed. It is not analogous to bone or fibrous tissue. The reunion here is by connective tissue, which becomes fibrous and contracts."

Dr. Alexander.—"The danger of extravasation, posterior to the triangular ligament, is great, and the catheter is used to guard against this. Some of our best genito-urinary surgeons are removing the cicatricial mass, introducing a catheter and stitching the membrane over it. It is exceptional to find a rupture of the membranous portion of the urethra, except where there is fracture of the pelvis. The new membrane which is formed is not mucous, but resembles it."

Dr. Sheldon reported a case of hysterec-

tomy by a new method, and exhibited specimen.

The following officers were elected for the ensuing year:

President.—Dr. Reid Alexander.
Vice-president.—Dr. R. S. Magee.
Secretary.—Dr. W. E. McVey.
Treasurer.—Dr. C. C. Bradley.

The application of Dr. W. A. Wehe, graduate of the University of Michigan, 1893, referred to the committee.

By motion, the thanks of the society were tendered the retiring officers for their services during the past year.

Treasurer reported $23.50 on hand.

Adjourned.

W. E. McVEY, M.D.,
Secretary.

The N. E. K. M. & P. Association.

The society met at the Congregational church in Netawaka, December 12, 1893, with Dr. Magee in the chair.

The society was treated to music by the church choir, after which the Rev. Dr. Potter, of Netawaka, gave a welcome address in a manner that it made every one feel "it was good to be there."

Dr. Smith, of Granada, responded in behalf of the society, followed by Drs. Moore and Magee.

Dr. Moore, of Effingham, took up the subject of "Whooping-Cough," which he handled in such a way as to elicit a very interesting discussion. He claimed he had tried about all the remedies recommended, and that he doubted very much if any of them either palliated or cut short the disease, as all his cases recovered in from six to twelve weeks, just the same as when treated by the mother with "molasses and alum."

Dr. Jermaine, of Holton, opened the discussion, and advocated the early attention of the physician that he might watch for complications, give prompt treatment, and thus perhaps prevent them as well as the sequellæ. He recommended spraying the throat with carbolic acid and other germicides, and the internal use of belladonna to its physiological effects and bromides to control the paroxysms.

Dr. Riggs not being present with his paper on "Erysipelas," Dr. Stewart was called to present the subject. The doctor asked a few moments for preparation, and this was granted him, and meanwhile Dr. Scott gave a short talk on "Pneumonia." He recommended arterial sedatives, such as veratrum, aconite, etc.; also the use of the lancet in the robust. He recommended the use of quinine and the ice jacket to control the high temperature. Time is an important factor.

Drs. Jermaine, Moore and Paddock followed in discussion.

Dr. Moore called attention to a recent treatment practiced in England, which was abortive: "From a patient convalescing from pneumonia the serum is taken and injected into a patient with incipient pneumonia, and it is thus aborted. This has been studied in Leyden's clinic by the Klemperer on the production of immunity and the cure of pneumonia. Immunity is obtained in animals by the subcutaneous or intravenous injections of the filtered bouillion cultures or the glycerine extract. This immunity rarely lasts more than six months. It was found that the serum possessed qualities of not only immunity, but curative. They believe that the pneumococcus produces a poisonous albumen — pneumotoxin — which when introduced into the circulation causes elevation of temperature and the production of an anti-pneumotoxin, which has the power to neutralize the poisonous albumen formed by the bacteria."

Dr. Stewart, of Netawaka, now presented the subject of "Erysipelas" in a most able manner, giving a very comprehensive definition, etiology, morbid anatomy, symptoms, complications, prognosis and treatment. He believed a simple skin erysipelas could be cut short by the local use of nitrate of silver. In phlegmonous type he recommended free incisions, thorough drainage, locally antiseptics, internally tonics and

nourishing diet with free use of stimulants in the aged.

Dr. Paddock talked a few minutes on granular ophthalmia, and being late in the evening there were no discussions.

The election of officers resulted as follows:

President.—Dr. P. L. Jermaine, Holton.

Vice-president.—Dr. B. S. Stewart, Netawaka.

Secretary.—Dr. W. H. H. Smith, Granada.

Treasurer.—Dr. S. M. Riggs, Muscotah.

COMMITTEE ON PROGRAM.

Drs. Smith, Moore and Stewart, who submitted the following program for the next meeting, to be held at Holton, February 4, 1894:

1. Hip-Joint Disease.—Dr. J. C. McClintock, Topeka.

Discussion.—Dr. J. E. Love, Whiting.

2. Metritis and Its Treatment.—Dr. A. B. McCandless, Holton.

Discussion.—Dr. P. L. Jermaine, Holton.

3. Diseases of the Rectum.—Dr. W. H. H. Smith, Granada.

Discussion.—Dr. S. M. Riggs, Muscotah.

4. Pneumonia.—Dr. W. F. Troughton, Seneca.

Discussion.—Dr. B. S. Stewart, Netawaka.

5. The Little Things in Medicine.—Dr. S. E. Sheldon, Topeka.

This report would be incomplete without mention of the generous entertainment given the society by Dr. and Mrs. Stewart and Dr. and Mrs. Paddock. The doctors of Netawaka know how to entertain, and surely delight in doing so.

W. H. H. SMITH, M.D.,
Secretary.

South Kansas Medical Society.

The following are the minutes of the South Kansas Medical Society, held in City Hall, Wichita, November 21, 1893.

Meeting called to order at 10 A. M. by the president, Dr. J. T. Axtell.

Forty-six physicians responded to the roll-call.

Minutes of last meeting read and approved.

The chair appointed as a board of censors Drs. Purdue, Oldham and Furst.

The following applications for membership were referred to the board: Allen Bell, M.D., of Freeport, Kas.; F. H. Van Schoiack, M.D., Caldwell, Kas.; E. B. Schumway, M.D., Wichita, Kas.; Geo. F. Lewis, M.D., Wichita, Kas.; J. M. Woods, M.D., Peck, Kas.; H. G. Welsh, M.D., Sterling, Kas.; W. H. Smethers, M.D., Moline, Kas.

The following applications were made for honorary membership, and were also referred to the board of censors: Drs. G. W. Davis and John Punton, of Kansas City, Mo.

The board reported favorably on all applications, and recommend their election; and secretary was instructed to cast a favorable ballot for the same.

The chair appointed the following committee on necrology to report on the death of Dr. W. A. McKinney, viz., Drs. Furley, Allen and Hays, and the committee reported appropriate resolutions, etc.

Drs. Polk and Lawrence with the secretary were appointed an auditing committee, and reported the secretary's financial reports correct.

Wichita was selected as the next place of meeting.

The following officers were elected to serve during the coming year:

President.—Dr. C. Klippel, Hutchinson.

First vice-president.—Dr. O. J. Furst, Peabody.

Second vice-president.—Dr. G. C. Purdue, Wichita.

Secretary.—Dr. V. E. Lawrence, Halstead.

Treasurer.—Dr. C. C. Furley, Wichita.

The first paper read was by Dr. D. P. St. John, of Wichita. Subject: "Extra Uterine Pregnancy—Laparotomy."

Discussed by Drs. Halley, Purdue, Day, Fulton, Harris, Stephens and the author.

Clinic—Choroiditis.—Discourse by Dr. Tiffany.

Discussed by Drs. Fryer, Wall, Hamilton, Hays and Kelly.

Second paper by Dr. F. B. Tiffany on "Trachoma."

Discussed by Drs. Fryer, Hamilton, Wall,

Hays, Klippel, Furst, Stauffer and the author.

Clinic—Empysema.—Discourse by Dr. Halley.

Discussed by Drs. Fabrique, Harris, Fulton, Shelby and Hamilton.

Third paper was by Dr. A. L. Fulton on "Abdominal Surgery and its Technique."

Discussed by Drs. Oldham, Halley, and Axtell.

Fourth paper was by Dr. John Punton on "The Modern Crank and Mental Responsibility."

Discussed by Drs. Fryer, Klippel and St. John.

A resolution was offered to the effect that the society furnish a reprint of the fourth paper to each member at the cost of the society, but Dr. Punton amended the resolution by offering to furnish the reprints at his own expense. The secretary was requested to furnish Dr. Punton with a list of the members.

The fifth paper was by Dr. G. W. Davis on "The Bicycle as a Cause of Genito-Urinary Troubles."

The sixth paper was by Dr. B. E. Fryer on "Refractive Errors of the Eye."

Discussed by Drs. Wall, Hamilton, Hays and the author.

The seventh paper was by Dr. H. D. Hill on "Hysteria."

Discussed by Drs. Stephens, Hays, Emerson and the author.

Owing to the lateness of the hour, the president's paper on "Private Hospitals" was omitted, but it, with all other papers, was referred to the committee on publication.

A vote of thanks was tendered the mayor and council of Wichita for the use of the council chamber.

Adjourned to meet at Wichita on the first Tuesday in May, 1894.

O. B. WHITTAKER, M.D.,
Secretary.

DR. H. Z. GILL, of Eldorado, Kansas, has located in Pittsburgh, Kansas, and is confining his practice to the eye, ear, nose and throat.

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $2 00
Single copies..... 25 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

DR. W. E. McVEY, PUBLISHER,
723 Kansas Avenue.

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W. E. McVEY, B.S., M.D., Topeka, Kas.

TOPEKA, KANSAS, DECEMBER, 1893.

Special Notice.

Beginning January 1st, the JOURNAL will appear as a *weekly* instead of a monthly. We complete with this number the fifth volume of the JOURNAL, and while we feel that we have given our readers a good supply of valuable and recent literature, our ambition is to do still better, and we propose to take advantage of every possible means to make the KANSAS MEDICAL JOURNAL equal to any journal published in the United States. Our list of contributors will be largely increased, and will include some of the best medical authors in the west.

The weekly will contain one original article each week. The remainder of the JOURNAL will be made up of carefully-selected notes and extracts of recent publications and editorials upon medical subjects of special interest to the profession. It will be the aim of the JOURNAL to especially aid in securing proper legislation upon the practice

of medicine in Kansas, and in every way possible assist in expelling from the profession and from Kansas any and every unqualified and illegitimate practitioner in the state. The interest of the medical profession is our interest, and if by waging war upon the unqualified, the quacks and nostrum venders, who degrade our calling, we can relieve it of a part of the burden, we shall feel that we have done our duty. We ask the co-operation and assistance of the profession.

We propose to give you a journal whose coming you will anticipate with pleasure, and whose pages you will read with interest. We desire that every physician in the state may become acquainted with the JOURNAL, and assist us in the work we have undertaken. We propose to offer you a special inducement for the coming year. We propose to double our subscription list this year, and this would mean dollars to us, but we are not greedy and propose to divide up. Therefore we propose to issue the KANSAS MEDICAL JOURNAL for the ensuing year for $1.00 to those who pay in advance. Delinquents will be charged the regular price, $2.00. Send in your cash and take advantage of our offer. Remember this offer only holds good for 1894.

THE preponderance of evidence seems to be in favor of the contagiousness of influenza or la grippe. In the *Annual* for 1892, Townsend reports a case of congenital influenza. Catarrhal symptoms were observed in an infant immediately after birth. The mother was just recovering from a well-marked attack at the time of her confinement. Courrant reports the case of a boy through whom the disease was transmitted to a family in a distant village, and by them to the whole village. Allison, in the 1893 *Annual*, reports some cases illustrative of the contagiousness of the disease, and observes that it spreads in three ways: (1) directly by contact; (2) indirectly by means of the atmosphere, vitiated by expirations from influenza cases; and (3) by objects that had been in contact with infected individuals.

Greeting.

The JOURNAL extends to its readers a happy new year's greeting. Another milestone has been set up on the pathway of time. The past is past, but not forgotten. Its trials and labors and lessons make up the capital of the professional man. From the wisdom of the ages and his own experience he becomes self-reliant and a leader. Many who read these lines, in looking over the past will recall vividly to mind the time of trial. How he wished in his innermost soul that he could evade the great responsibility resting upon him. The fatal illness of his most influential or dearest friend; or, in case of fracture of bone, how the bone shortened or in some manner became displaced and deformity resulted. But these trials and experiences, if taken in the right spirit, make the man stronger, more determined and a safer counselor. It is the storm that causes the oak to dig its roots deeper into the earth and enables the tree to withstand the hurricane. The man who has seen and can see his mistakes is the man of to-day and the coming man. He is doing and will do the work of the world. What consolation to know that the doers will continue the work in medicine; what encouragement it is to know that properly-directed efforts will be crowned with success.

The new year is now here and we have entered upon it with all of its possibilities.

Every man realizes that he is better prepared to do his work than ever before. What there is in store, by way of new developments in medicine, no man can tell. He cannot tell what a day may bring forth. He does know that without effort there is no promise of success. The JOURNAL has fallen far short of its ideal. Having to be edited piecemeal, between the acts, as it were, catching up a little time during the intervals of active practice, its editorials and comments have not been models of literary finish, but to be understood has been the principal object.

The editorials have been a little jerky, characteristic of the doctor's life, but like

his work—pointed and with results—not always cured.

Realizing the uncertainty of what may occur to many of us during the year 1894, but "knowing that the Judge of all the earth will do right," we end as we have begun by sincerely wishing you all a happy New Year.

Warner's Safe Cure.

Each bottle contains—

Ext. lycopus virg. (the herb)	308 grs.
Ext. hepatica (the herb)	232 grs.
Ext. gaultheria	7½ grs.
Potassium nitrate	39 grs.
Alcohol (90 degrees)	2½ ozs.
Glycerine	10 dr.

Water sufficient to make one pint.

—OLSEN.

St. Jacob's Oil.

℞

Gum camphor		
Chloral hydrate		
Chloroform		
Sulph. ether	aa	1 oz.
Tinct. opium		
Oil origanon		
Oil sassafras	aa	½ oz.
Alcohol		½ gal.

M. —OLSEN.

Embalming Fluid.

Dr. Mark L. Nardyz's formula.

℞

Crude petrolium	1 gal.
Camphor	4 lbs.
Carbolic acid	½ lb.
Fowler's solution of arsenic	1 lb.

M. A few ounces of chloride of zinc may be added if desired.

Directions.—Extract the blood from the body and inject the embalming fluid.

The above preparation is warranted to keep the body perfectly fresh without the addition of zinc. —OLSEN.

La Grippe.

The prevalence of the above disease in different parts of the world and in the various sections of our country demands the attention of the medical profession and a renewed study of the disease. Because it is so general and the constitutional disturbances are not grave as a rule, the physician, and particularly the patient, is apt to neglect the case.

Whatever the poison may be, it is certain that the shock to the nerve centers is great, as evidenced from the general prostration being out of all proportion to the constitutional disturbance and the serious sequellæ often resulting.

Affections of mucous surfaces, such as colds, etc., assume a graver form during the prevalence of grippe. The various neuroses are intensified and all forms of disease bear the impress of the grippe. The latter is probably in common with the general rule, for when malarial or zymotic diseases are prevailing other diseases often assume the form of the prevailing type in addition to their own clinical history and mask the disease, and la grippe is no exception to the rule. This, we think, shows the virulence of the poison.

The cause of the disease is unknown, but it is an essential fever and possibly contagious.

In our own case there was a short period of invasion with aching, great restlessness, chilly sensations, pain in the back, soreness of the muscles of the whole body, but more particularly the calves of the legs, intense burning and severe pain in the muscles of the eyes when attempting to rotate them. There was catarrhal inflammation of the respiratory organs with slight capillary bronchitis. The temperature ranged from 100° to 103°. There was loss of appetite and great prostration. The pulse ranged from 80 to 100.

The attack occurred at night, and this is probably true in a majority of cases.

The tensity of the disease increased for twenty-four to forty-eight hours. There

was then a subsidence of the symptoms, and expectoration became free. The disease now ran an irregular, remittent course, and in a few days the sweating stage began. During this stage the greatest prostration was experienced. There was some dizziness and the cough was severe, but the expectoration was free. During this stage diarrhœa came on, constipation having been obstinate for three or four days previous. Convalescence was slow. At this time, four weeks after the attack, the usual amount of work brings on the symptoms, and the expectoration is free, but continuous, and we have not been able to get a full, free breath. The air seems to stop short of the place of free satisfactory respiration. Our drink consisted of hot water, sweetened. Cold water produced a chilly sensation, although there was but little thirst during the first four or five days, and food and water was unpleasant to the taste. The expectoration had, and yet has, a sweet, mockish taste.

Prophylaxis.—Avoid undue exposure, and particularly should the aged and those rendered weak by other ailments exercise great care of themselves during the epidemic. The diet should be regulated. Food hard to digest and overstimulation should be avoided.

Treatment.—The bowels should be kept open. As soon as this was effected in our own case we felt better. Phenacetin and caffeine were taken, but morphine and bromide of potassium gave the most relief. Six grains of quinine were taken twice a day with marked benefit. Iron, quinine and strychnine elixir are highly recommended during convalescence. This is upon the theory of the general shock to the nervous system.

Pettit's Eye Salve.

℞

Olive oil	4 dr.
Spermaceti	1½ dr.
White wax	½ dr.

—OLSEN.

Coddling.

Of all the vices with which we, as physicians, have to deal, this is one of the most common. Suggested by love, fraught with good intention and fruitful of bad results, it holds its own among the rich and the poor. It begins in the nursery; the child is guarded from the slightest exposure to nature's purifier as carefully as though there were smallpox or cholera out of each door or window. If he is taken out doors, he must be covered from head to foot, so that not a smell of the delightful atmosphere may reach his sensitive nose. If he should be so unfortunate as to sneeze, there is trouble in the wind. Up goes the wraps over poor baby's head. In later years, when he starts for school, a kind mother buttons up his coat, wraps a muffler round his neck, pulls his cap down over his ears, draws his warm woolen mittens over his hands, and thinks, with a mother's earnest love, how she will protect him from the cold and storm. He finally marries, and the coddling goes on. A kind and loving wife sees him carefully dressed—overshoes on his feet, mufflers on his neck, and all the other well-meant foolishness that makes him sensitive to cold, lessens his vital resistance and adds one more to the already crowded list of invalids.

His general health is a source of constant anxiety. If the pulse varies a few beats, his face is a little paler than usual, his stomach prove a little obstinate or his head ache a trifle, what a surprising lot of remedial resources can be produced in that household! Somebody is always sick in that family, and the doctor a constant visitor. The parents are delicate and the children all weaklings. Now, the question is, What can we do? Don't dismiss them with the advice that they need nothing. Sympathize with them, treat them as if you realized their condition, and once their confidence in you is established, they will follow your advice implicitly. Begin during the warm months with a cold bath every morning, followed by vigorous rubbing, until the skin glows and an active circulation is established.

Insist that they eat whatever they wish, and take all the outdoor exercise possible.

When winter comes, insist upon a cold shoulder bath at least, and as little wrapping as will keep the body comfortable during a good brisk walk. Leave the face and neck exposed to the air. Establish a resistance to atmospheric changes, increase the vitality, restore healthy nutrition, or, in other words, put a man around the complex, sensitive, nervous mechanism, and it will need less protection by means of dry goods and drugs.

DR. J. M. G. CARTER, in the *Chicago Medical Recorder*, gives an interesting report of some investigations on the relation of climate to catarrhal diseases of the respiratory organs.

"The lakes lie in a series of basins excavated in the older geological strata of the continent, and it is upon these layers that the sand banks and hills, which are so numerous about the shores of the lakes, are distributed. Catarrhal diseases, especially of the alimentary tract, prevail to a considerable extent where the soil is underlaid by a clay or impermeable stratum, and not unfrequently there is a tendency to catarrhal troubles of the respiratory organs over such soils.

"That temperature exerts a great influence in the production of certain catarrhal ailments is illustrated by the greater frequency of this class of diseases as we proceed southward or northward. For instance, within certain limitations, we meet with a greater number of catarrhal diseases of the alimentary canal as we pass southward.

"The prevalence of catarrh with influenza and sometimes alone leads to the inference that pothogenic organisms may be the immediate cause of these outbreaks. I have not found any organisms which seemed to be characteristic of a special form of catarrh, but I have seen many micrococci and a few bacilli in sputa from catarrhal cases. In one case where a diagnosis of tuberculosis was excluded, the microscope showed both bacilli and micrococci. The micrococci were not different from those frequently met with in catarrhal inflammations affecting the nose, throat and larynx, as in this case. The bacilli, which were not numerous, somewhat resembled the tubercle bacillus. They were straight and curved, of the length of the tubercle bacillus and sometimes twice as long, the ends generally square cut, and were without spores.

"The difference that is observed in the frequency of catarrhal diseases of the respiratory organs in the lake region as compared with the same on the Atlantic and Pacific coasts cannot be fully explained by location nor the presence of a large or small body of water. The warm return trade winds of the Pacific coast, and the influence of the gulf stream on the Atlantic coast must be considered in this investigation. My own investigations prove that lake winds, cyclonic disturbances, excess of ozone in the atmosphere, changeableness of temperature and variations in relative humidity and barometric pressure are marked etiological factors in the production of the high proportion of catarrhal diseases of the respiratory organs occurring in the southern lake region. However, I am inclined to the opinion expressed by Gueirard, that 'the quantity of luminous rays traversing the atmosphere, their intensity and the quantity of polarized light' in addition to the points included in my table, exert an influence in the production of the disease."

According to the doctor's table, Buffalo has the largest death-rate from catarrhal diseasas—1,942.7 per million. Los Angeles, Cal., the lowest, being only 630.5 per million. In the former the prevailing wind is southwest velocity 9.2 miles per hour; per cent. of cloudiness, 60; and relative humidity, 73.3 per cent. In the latter the prevailing wind is west and northeast, velocity 5.2; per cent. of cloudiness, 34; relative humidity, 66.

He also finds that great variableness of temperature increases the per cent. of catarrhal diseases; thus in Ft. Berthold, N. D., where the diurnal variation of temperature frequently exceeds 50°, catarrhal diseases of the respiratory tract are very common,

although the humidity is very low and the climate is not very changeable. The doctor concludes from these investigations, "that barring the presence of pathogenic organisms, the most efficient causes of catarrhal diseases of the respiratory tract are extreme variations in temperature, high winds, moist atmosphere, large per cent. of cloudiness and marked variations in zone."

Microbe of Rheumatism.

Dr. Charrin, in *Medical News*, says: "The staphylococcus albus is the organism which is most frequently present in various articular affections. It was found by Prof. Bouchard in the affected joints in eleven cases of rheumatism, although this is no evidence that the microbe in question is the cause of rheumatism, for it is generally recognized now-a-days that the tissues of the body are apt to be invaded by micro-organisms under the influence of general or local pathological conditions. Inoculation with the staphylococcus albus is but seldom followed by arthritis unless the vitality of the joints has been previously depressed by a traumatism of some sort. Moreover, we are all aware that organisms capable of setting up inflammation in the pleura or other serous membranes are not unfrequently absent from the inflammatory exudation by reason of the bactericidal properties of the fluid in question."

ALOE'S illustrated catalogue is just out. It contains 1,071 pages and is the sixth edition, the firm having been established in St. Louis in 1860. They carry surgical instruments and physicians' supplies and surgeons' supplies; in fact, they carry everything a physician or surgeon needs by way of instruments and apparatus. We have been dealing with them for a number of years in optical goods, and can say, without hesitation, for fair dealing, good goods and reasonable prices they cannot be excelled.

Army Examinations.

Of twenty-four candidates, who entered the class for examinations at the recent meeting of the board in Washington, only five were successful.

This result indicates that the education of medical men is very far from being up to the army standard, but we are not informed whether the applicants failed on the medical examination or upon a test of general education. From our acquaintance with the army medical men, we were never impressed with their great superiority, either in knowledge or ability, over other members of the profession. There is no place, however, where lack of skill is more deplorable than in the army, and we most heartily commend this evidence of improvement.

SECRET Nostrums and Systems of Medicine, a book of formulas, compiled by Chas. W. Olsen, M.D., 35 Clark St., Chicago, has just been received. It is the first complete work of its kind we have seen. This is the fourth edition, showing that it has been well received. It is a great satisfaction to a physician, when his patient tells him, "Well, I used Carter's little liver pills and it beats your medicine," to turn to Olsen and show them that you gave them the same thing, viz.:

℞

Podophyllin.....1½ grs.
Aloes.....3½ grs.
Mucilage of acacia sufficient.

M. Divide into twelve pills.

The book is well worth the price, and the satisfaction of knowing so many of the formulas of the nostrums filling the druggist's shelves makes it of double worth. We give a few of the formulas of well-known nostrums in this number of the JOURNAL.

WHEN a patient is willing to have a minor operation done without an anæsthetic, it is wrong to insist on his taking it.

A Poetic Hospital.

I have a hospital so nice,
All furnished at the lowest price.
Come listen, and the secret—well—
It wont keep, so I'll tell.

The architect—myself—was cheap;
I drew it all, and where to sleep.
At first it must be small you know,
But *Time* will make it *grow*.

One room, well yes, one room I guess,
It could not very well be less;
One bed, or call it two instead,
One is reserved ahead.

But shall I tell what I like best
To look at in the cosey nest:
A floor all scrubbed and dried and clean,
And white as snow, I mean.

And walls to match the floor, and think,
A ceiling like a skating rink;
Bright windows and a door is there
To regulate the air.

A pretty table, not too small;
A well-filled book-case, by the wall;
And ink and pen when you will send
A message to a friend.

The windows veiled in curtains white
Will make a very pretty sight;
The table covered neatly, and
The chairs, you understand?

For toilet, a washstand set,
And everything you need, I bet!
A show of curiosities—
Including all, that is.

There in the bed a sufferer lay;
A homeless girl, be whom she may.
She finds a tender care, the dear,
For such are wanted here.

The bed so soft will surely rest
The poor, the sick and careworn guest;
And pictured on the wall she'll meet
Smiles, kisses, oh, how sweet!

Sweet, wholesome food is made by hand,
And has a taste of native land;
For Swedish soup and rye bread too
Will taste like home to you.

And stranger, when you come to call,
Ask but for one, and you have all—
The principal or else her aid,
The waiter, nurse or maid.

The principal am I, and nurse,
For so it kind of saves the purse;
And maid of all and waiter both
Are found in me, I dote.

Now help me find a noble name
To put above the door in frame.
A "Home in Need," be it agreed,
For that is home, indeed!

So, finer than the ship at sea,
We have it! Let us shout in glee.
All hands on board! to work, to work!
Where eyes of sickness lurk.

Though now you see it in my mind,
At later times, if you should find
An improved "Home in Need," you can
Think of my little plan.

—*Mrs. A. O.*

The Substitution of Phosphate of Sodium for Sulphate of Sodium as a Purgative.

Dr. Constantin Paul, in *Medical Week*, says: "Phosphate of sodium is an excellent purgative which is preferable in many cases to the sulphate of the same base. It acts as certainly and as rapidly as sulphate of sodium, but it presents the advantage over the latter salt that its action is never attended by griping. It is most conveniently administered in the form of a simple or effervescent solution, prepared as follows:

℞

Phosphate of sodium.....ʒ i
Simple syrup.....ʒ ij
Essence of lemon.....m xx
Distilled water.....ʒ viij

F. S. A.

"To obtain an effervescent solution, the following are added to the above formula:

℞

Citric acid.....
Bicarb. of sodium....aa..ʒ ss

In Memoriam.

At a meeting of the Medical Fraternity of Clay Center, held at the office of Dr. J. P. Stewart, in the city of Clay Center, Kansas, on the 7th day of December, 1893, the following resolutions were adopted:

WHEREAS, The Almighty Ruler of the universe has in his wisdom called our friend and brother, Dr. Lewis J. Warren, to that home from which none return;

Therefore, We, the medical profession of Clay Center and Clay county, deeply deplore his demise, feeling that we have lost one of the brightest men in the profession, not only in the county, but in the state; that the community has lost one that will be missed in all the walks of life. The doctor was both learned and skilled in his profession; he was also deeply interested in public-school work, and as president of the board of education brought into our schools his ripe scholarship and splendid mental training, being himself a graduate of Yale and Harvard. He was president of the Y. M. C. A., also president of the Baptist State Convention of 1892 and 1893, and was re-elected again last October. He was a christian gentleman, a humanitarian, and we all loved him; and we feel that not only Clay Center and Clay county, but the state, has lost one of its most esteemed citizens and the profession a beloved counselor, and we extend our sincere sympathy to his widow, his relatives and friends.

DR. J. P. STEWART,
DRS. TYLER & TYLER,
DR. HEWITT,
DRS. MORGAN & MORGAN,
DR. S. E. REYNOLDS,
DR. A. PEARSON,
DR. M. C. PORTER,
DR. PLEHN,
DR. COOK,
DR. KRETZMEIR,
DR. DROLL,
DR. JOHN SCOTT,
DR. R. J. MORTON,
DR. LYMAN.

Died.

Dr. William B. Carpenter died at Leavenworth, Kansas, Saturday, December 16, 1893, in the sixty-fifth year of his age.

He was born July 21, 1828, in Delaware, Ohio. He graduated at the Cleveland Medical College in 1852, and practiced first in Delaware, his native home. In 1853 he married Miss Harriet E. Woodward.

He came to Kansas in 1857, and practiced in Linn county. At the beginning of the war he enlisted in the 6th Kansas Cavalry, but was soon appointed assistant surgeon and then surgeon of the 5th Kansas cavalry. He served in the western army during the entire war, and was mustered out at Ft. Leavenworth. He then began practice in Leavenworth City. He was for fourteen years surgeon of the Kansas State Penitentiary. In 1878 he relinquished practice on account of ill health, and has been living a quiet life. He has been prominent in his profession and the State Society, and was always in the advance line, writing frequently for his professional journals. His son, Dr. C. R. Carpenter, is a prominent physician of Leavenworth.

Who First Opened Woman for Diseases of Her Appendages?

Cullingworth, in his able address on gynecology before the British Medical Association, tells us that Hagar, Tait and Battey performed resection for diseased ovaries at about the same time. It was in 1872, Hagar, on July 27th, did the first operation at Freiburg for neuralgia of the ovary with hemorrhage. Five days later, Lawson Tait removed the ovaries in a case of large uterine fibroid with excessive metrorrhagia. About three weeks after Hagar's operation, Battey, of Georgia, operated for hystero-epilepsy. Simms coined the term "Battey's Operation" because the latter first fully set forth its purposes and the technique of the operation.—*Gazette of Gynecologie.*

Supraclavicular Inspiratory Depression in Early Phthisis.

Dr. Revillet once more draws attention to the above phenomenon. Practitioners know how difficult the diagnosis of early phthisis may be and how important it is to have this point clearly settled. The search for bacilli in any sputa that may be expectorated is in suspected cases helpful. But one may have to wait a long time before any micro-organisms can be detected. In like manner dullness on percussion and crepitation may be absent, and we have to rely on the presence of such delicate signs as rough, feeble and wavy breath-sounds in solving the problem. In weak girls the detection of feeble and staccato respiration at the apex may mean nothing; but, according to Dr. Revillet, if to such ambiguous signs is added unilateral inspiratory depression of the supraclavicular fossa the presence of tuberculous pleurisy of the apex may be unhesitatingly affirmed, this sign being pathognomonic of the lesion. It may be absent, however, in cases of apical pleurisy where adhesions co-exist consecutive to diaphragmatic or parietal pleurisy, for in such instances the play of the apex of the lung is interfered with. In five post-mortem examinations of patients in whom during life this supraclavicular inspiratory depression had been noted, thick and tough adhesions of the corresponding apices were observed. In two instances atrophy of the platysma myoides and of other muscles of that region was observed. If, in such a case, traction is made on the lung from below, the phenomena may be easily reproduced. It must not be forgotten that evident signs of early phthisis may be masked by the rales of bronchitis, and here, again, Dr. Revillet's sign may prove to be of use. When the tuberculous process is more advanced, both apices become attacked and the sign loses its significance; but in this case, again, the greater amplitude of the depression at one apex enables the medical attendant to say that that apex was the first attacked. In a period of four years Dr. Revillet has proved in the post-mortem room that these apical adhesions may disappear; and, in fact, this observer tells us that as the tuberculous deposit may be limited to the pleura, and as, moreover, these adhesions may be absorbed, a comparatively favorable prognosis may be made in these cases. Of twenty-six cases kept under observation during four years, only one terminated fatally, the rest remaining *in statu quo* or becoming only very slowly worse.—*La Semaine Medicale.*

A Treatment Giving a Low Death-Rate in Cases of Diphtheria in Hospital and Private Practice.

(New York Academy of Medicine in Medical Record.)

Dr. Willian A. Galloway, of Xenia, Ohio, read this paper. The subject was treated from the standpoint of recent hospital practice, two hundred and thirty-four cases with a death-rate of fourteen per cent., under favorable sanitary surroundings. The paper embraced reports from private practice of physicians who had given the treatment faithful trial during the past three years, who unhesitatingly commended its value, and all were able to show a death-rate below ten per cent. The subject was divided into the hygienic, in which the most careful attention was paid to the isolation and surrounding of patients; the constitutional, and local topical treatment, the latter being considered by the writer as secondary in importance. Under constitutional treatment, immediately the nature of the disease was suspected, the writer gave one grain of calomel for each year of the patient's age up to eighteen, repeating the dose in four to six hours, and met the action of the mercurial with copious hot-water injections. This treatment was persisted in until the full action of the calomel on the liver and kidneys was obtained, relieving these two important excretory organs of the paretic condition caused by the absorption of the toxalbumin product of the Klebs-Loffler bacillus. Improvement in the patient's appearance was immediate, and the mercurial acted freely. The quantity of foul-smelling grass-green

dejecta resulting is astounding. There is no fear from salivation, as under the most heroic use of mercurials no symptom of salivation has been observed by the writer or his friends. Internally, corrosive sublimate was given up to one-eightieth of a grain, with full doses of tincture of chloride of iron and alcohol hourly at night and during the day. Local topical treatment consisted of peroxide of hydrogen, one-quarter solution, for cleansing the throat, which was commended, while as an escharotic twelve grains of salicylic acid to one drachm of alcohol were used twice a day by the physician only. It proved of great value in the writer's hands. This escharotic is very powerful, and should be used carefully if needed.

Functional Valvular Insufficiency.

Dombrowski discusses under this heading incompetency at the mitral and aortic orifices, the valves themselves being intact. The mitral valve may be functionally incompetent (1) in obstruction in the arterial system; (2) in lesions of the cardiac muscle; (3) in nervous disease as chorea, hysteria, and in chlorosis when it is due to defective innervation or disturbed nutrition; and (4) in the acute infective diseases (*The British Medical Journal*). The author then records three cases, two of which were fatal. In these latter the insufficiency was due to atheroma of the aorta and disease of the cardiac muscle respectively, the valves themselves being healthy. In both these cases the murmur disappeared for a time during life with temporary improvement in the patient's condition, and in the third case no murmur was to be heard when the patient was discharged. This insufficiency is generally looked upon as due to distention of the mitral orifice itself, but this orifice is surrounded by a tendinous ring. Experimentally the author has shown that when water is introduced under pressure into the ventricle, the insufficiency is due to dilatation of the latter. Clinically, also, the instability of the insufficiency is against its being caused by over-distention of the orifice. Dilatation of the ventricle is always present in these cases, and in this way the insertions of the papillary muscles are further away, so that the valves are unable to close the orifice. Thus the term functional insufficiency should be used instead of relative insufficiency in regard to the mitral orifice. The absence of a history of rheumatism, much dilatation of the heart, a varying loudness of the murmur at each beat, and especially the occasional appearance of the normal sound in place of the murmur, are points in diagnosis. The author also draws attention to the murmur being louder or perhaps heard only during inspiration when the intrathoracic pressure is greatest. At the aortic orifice insufficiency may also occur without valvular lesion, but it is much rarer. Two such cases are related. The insufficiency is here relative. The dilatation of the orifice is due to increased pressure in the aorta, but an abnormal condition of the aortic walls is indispensable. The patient's age, the mode of development, the presence of arteriosclerosis will help to distinguish it from the incompetence of endocarditic origin. Thus functional mitral insufficiency may arise without permanent lesion, and may recover if the cardiac muscle can recover, but in relative aortic insufficiency there is a lasting and progressive lesion.—*Medical Record.*

Chronic Constipation in Infancy.

In a discussion of this subject before the American Pædiatric Association, May, 1893, Dr. Holt stated that such constipation is usually due to a deficiency of fat in the food. In nursery infants he gives one to three teaspoonfuls of cream before each nursing, according to the age and condition of the child. In artificially-fed children constipation may be almost always avoided by using the top milk with the cream after it has stood some hours. This, even when diluted with two parts water, contains the normal four per cent. of fat corresponding to breast-milk, or the amount of the fat may be increased if necessary. Dr. Putnam considered that there are grave objections to

the use of drugs in the constipation of early infancy, but that there are yet a few cases when we are driven to their use. For this purpose he prefers senna (compound licorice powder) for a vegetable, phosphate of soda for a saline, and emulsified oil in small doses, made an intregal part of the food.

Dr. Yale believed massage with the tips of the fingers, for five minutes once a day along the course of the large bowel, to be of more permanent value, especially when combined with appropriate dietetics, than the use of suppositories and enemata. These latter are more valuable where there is simple torpor of the lower bowel.

Dr. Starr has been using for two years, in cases which did not yield to dietetic treatment or massage, suppositories composed of extract of belladonna gr. one-twenty-fourth, purified aloes gr. one, and cacao butter grs. ten. They were used first twice a day, but after a week only at night, and after a week or two every other day.—*Arch. of Pædriatics*, September, 1893.

Ely's Cream Balm.

℞

Vaseline.....1 oz.
Thymol.....3 grs.
Carb. bismuth.....15 grs.
Oil wintergreen.....2 m.

—OLSEN.

BUTTER is a good substitute for cod-liver oil. Toast, bread, crackers, potatoes and rice are good vehicles. The butter should be the best. Persons who eat large quantities of good butter are better able to withstand cold, as a rule, than those who eat none, unless they eat fat. We believe in those cases requiring cod-liver, and the patient cannot take that, butter should be given a trial.

Professor.—"What would you do in order to throw a patient into a sweat?"

Student.—"Send him here to be quizzed."

WE are under obligation to Dr. H. O. Brainard, of Oakley, Kansas, for the Edinburgh Dispensatory, published in 1796. It is the third American, from the fourth Edinburgh edition. It seems that it was published at a time when medicine was in one of its transition stages. In the "Abstract of the New Chemical Doctrines" it says: "As the new chemical doctrines, under the name of the antiphlogistic theory, have acquired great celebrity, and have overturned the theory of phlogiston, so long followed by chemical philosophers, it is presumed that a general view of the principles of the new doctrine will not be unacceptable to most readers, and that an explanation of these principles might with propriety form part of the introduction to a system of an art which depends solely on the science of chemistry." We prize the book very highly.

Western Association of Obstetricians and Gynecologists.

The annual meeting of the Western Association of Obstetricians and Gynecologists will be held at Des Moines, Iowa, December 28 and 29, 1893, at Circle Hall, 407 Locust street.

The program will be as follows:

MORNING SESSION—DECEMBER 28, 1893, 10 O'CLOCK.

Organization.
Report of executive board.
Miscellaneous business.

Address by president, Dr. M. B. Ward, Topeka, Kas.

1. A Study of the Use and Application of Forceps in Modern Obstetrical Work.—Dr. D. A. Berger, Kansas City, Mo.

2. Vaginal Extirpation of Uterus.—Dr. L. Schooler, Des Moines, Iowa.

3. Report of Results in my New Operation of Vaginal Ligation of the broad Ligaments for Uterine Fibroids.—Dr. Franklin H. Martin, Chicago.

4. A Portable Trendelenburg Table.—Dr. L. J. Lyman, Manhattan, Kas.

5. The Advantages and Disadvantages of

the Trendelenburg posture in Abdominal Operations.—Dr. E. E. Montgomery, Philadelphia, Pa.

AFRERNOON SESSION — DECEMBER 28, 1893, 2 O'CLOCK.

6. Are the Tubes and Ovaries to be Sacrificed in all Cases of Salpingitis?—Dr. H. C. Crowell, Kansas City, Mo.

7. Induction of Premature Labor for Deformed Pelvis, Report of case.—Dr. W. E. Sawhill, Concordia, Kas.

8. Inertia Uteri.—Dr. D. W. Basham, Neal, Kas.

9. Operative Treatment in Uterine Myo-Fibromata.—Dr. Geo. Halley, Kansas City, Mo.

10. Clinical Report of Cases.—Dr. J. W. Heddens, St. Joseph, Mo.

11. Title not announced.—Dr. C. K. Fleming, Denver, Col.

12. Relapsing Appendicitis, with report of case.—Dr. J. W. Young, Bloomfield, Ia.

13. Report of a Case of Enucleation of a Uterine Fibroid with a New Method of Drainage.—Dr. J. H. Etheridge, Chicago.

MORNING SESSION — DECEMBER 29, 1893, 10 O'CLOCK.

14. Ventral Hernia following Abdominal Section.—Dr. Joseph Price, Philadelphia, Pa.

15. The Necessity of Obstetricians as well as Gynecologists to know the Minute Anatomy of the Pelvis.—Dr. C. A. Dannaker, Kansas City, Mo.

16. Report of a Case of Fibroid Tumor Complicating Labor—Carsarian Section.—Dr. J. E. Summers, Omaha, Neb.

17. Report of the Character of Cases that Occur in Gynecological Dispensary Practice.—Dr. C. W. Adams, Kansas City, Mo.

18. Title not announced.—Dr. E. C. Dudley, Chicago.

19. Auto-Infection in Puerpural Sepsis.—Dr. C. Lester Hall, Kansas City, Mo.

20. Gynecological Diagnosis and Operative Responsibility.—Dr. C. E. Ruth, Keokuk, Iowa.

21. Hysteropexy.—Dr. J. C. McClintock, Topeka, Kas.

AFTERNOON SESSION — DECEMBER 29, 1893, 2 O'CLOCK.

22. The Causes of Death after Abdominal Section.—Dr. Joseph Eastman, Indianapolis, Ind.

23. The Care of Pregnant Women.—Dr. W. B. Dewees, Salina, Kas.

24. Should the Gynecologist have a Working Knowledge of Opthalmology?—Dr. J. M. Ball, Keokuk, Iowa.

25. Uterine Displacements with Report of Cases.—Dr. J. B. Bolton, Eureka Springs, Ark.

26. Report of Cases.—Dr. Andrew Sabin, Garden City, Kas.

27. Title not announced.—Dr. L. Liebhardt, Denver, Col.

28. Title not announced.—Dr. Henry P. Newman, Chicago.

29. Treatment of Post Partum Hemorrhage.—Dr. Geo. C. Mosher, Kansas City, Mo.

An Error.

An editorial in the November JOURNAL stated that "piperazin is not innocent, but is dangerous to those patients who have unsound kidneys." Later we had an opportunity to read a very scientific article upon this subject, showing the fallacy of the first reports, and are pleased to be able to correct our previous statement. The article referred to was published in the same number of the JOURNAL, but was not received until the editorial was already in press.

MISCELLANEOUS.

IT affords me great pleasure in saying that I have had signal success with Cactina Pillets in various forms of heart disease, in alcholism, excessive tobacco, more especially chewing. Cactina Pillets are invaluable. I shall continue to prescribe them.

THOS. W. WEBB, L.R.C.P., L.M.,
33 O'Connell Street, Waterford, Ireland.

Visiting Lists.

The Physicians' Visiting List, the old standby first published by Lindsay & Blakiston, is now in its 43 edition.

Annually revised to meet the advancement in pharmacy, it is always a convenient reference book as well as visiting list. Regular edition for 50 patients, $1.25. P. Blakiston, Son & Co., Publishers, 1012 Walnut St., Philadelphia.

The Medical Review Visiting List is again before us. It possesses equal advantages with any list published, and an additional advantage of cheapness. Published by J. H. Chambers & Co., St. Louis, Mo.

Medical Journal Visiting List and Case Record. This is a monthly record, conveniently arranged, so that it can be used for day-book and ledger and complete record of cases. Small pocket size, one for each month, 15 cents each or twelve for $1.50. Published by KANSAS MEDICAL JOURNAL, Topeka, Kansas.

Salipyrin.

Excellent results are reported from the administration of salipyrin in all menstrual derangements when not depending upon some organic disease of the uterus. In excessive menstruation, salipyrin proves superior to preparations of ergot and hydrastis, as it materially reduces the duration and the quantity of the flow.

AS SOON as possible after the first day of January, 1894, Dr. Joseph M. Mathews, Professor of Surgery and Clinical Lecturer on Diseases of the Rectum in the Kentucky School of Medicine, of Louisville, Ky., will edit and have issued a quarterly journal entitled *Mathews' Medical Quarterly*, devoted to diseases of the rectum and gastro-intestinal diseases, rectal and gastro-intestinal surgery.

Some Excellent Rules to Follow in the Care of Teeth.

One of the most skillful dentists in New York gives these rules for the care of the teeth:

"Use a soft brush and water the temperature of the mouth. Brush the teeth up and down in the morning, before going to bed and after eating, whether it is three or six times a day. Use a good tooth powder twice a week, not oftener, except in case of sickness, when the acids from a disorderd stomach are apt to have an unwholesome effect upon the dentine. Avoid all tooth pastes and dentifrices that foam in the mouth; the lather is a sure sign of soap, and soap injures the gums without in any way cleansing the teeth.

"The very best powder is of precipitated chalk; it is absolutely harmless and will clean the enamel without affecting the gums. Orris root or a little wintergreen added gives a pleasant flavor, but in no way improves the chalk. At least a quart of tepid water should be used in rinsing the mouth. A teaspoonful of Listerine in half a glass of water used as a wash and gargle after meals is excellent; it is good for sore or loose gums; it sweetens the mouth and is a valuable antiseptic, destroying promptly all odors emanating from diseased gums and teeth. Coarse, hard brushes and soapy dentifrices cause the gums to recede, leaving the dentine exposed. Use a quill pick if necessary after eating, but a piece of waxed foss is better. These rules are worth heeding."

Be assured of the genuine Listerine by purchasing an original bottle.

I USED Peacock's Bromides with success. In epileptic fits, especially one case of ten years standing, in which I exhausted all remedies at my command, it has proven a valuable remedy, always positive and constant. I cheerfully recommend it to the medical profession.

HORACE C. GEORGE, A.M., M.D.,
Altoona, Pa.

Pental an Excellent Anæsthetic.

P. F. Feodoroff has experimented with pental in general surgical anæsthesia. This very stable substance does not become decomposed either in light or air; its specific gravity is about that of ether, and, like this latter, it is very volatile. Care must be taken to keep this substance removed from the fire; it burns with a very bright flame, but it has no explosive properties. The vapor of pental does not irritate the mucous membrane. According to Foedoroff, the duration of pentalization is from one to two minutes, and, the condition of anæsthesia once induced, it may be prolonged from two to five minutes. In about 50 per cent. of the cases the radical pulse is not modified, but otherwise the pulsations become more frequent, and sometimes there is arhythmia. It is principally during the first minute that disturbances of the circulation show themselves; it is, therefore, very necessary to be circumspect during the primary inhalations, and not to have recourse to the concentrated vapor of pental, except after the first minute, when the action of the heart will already be regularized. It is important to call attention to two peculiar effects of the drug: 1. Analgesia occurs while consciousness is still retained; the patient executes all the orders of the physician, feels the contact of the instrument, but does not feel pain. It would, however, be imprudent to operate before the complete loss of consciousness; the majority of accidents which have happened during the use of pental were due to reflexes occurring in sudjects insufficiently anæsthetized. 2. From ten to fifteen minutes after a first administration of the drug it may again be used without its action being weakened; it would even appear that the subjects are still more susceptible to its effect. One must also be careful never to operate with a patient in a sitting posture, but always in the recumbent position, for fear of dangerous accidents. To resume: Pental is an excellent anæsthetic in operations of short duration.—*Vratch*, Nos. 3 and 4, 1893. (From *Univ. Med. Journal.*)

Announcement.

E. B. Treat, publisher, New York, has in press for early publication the 1894 INTERNATIONAL MEDICAL ANNUAL, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain complete reports of the progress of medical science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used whenever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. While the book will be so mueh improved over previous issues, the price will remain the same as heretofore, $2.75.

E. B. Treat, publisher, also has in press the following books, which will be issued early in 1894:

A MANUAL OF CLINICAL DIAGNOSIS, by Albert Abrams, M.D., Assistant Professor Clinical Medicine and Demonstrator of Pathology, Cooper Medical College, San Francisco; new and enlarged edition, $2.75.

DISEASES OF THE HAIR AND SCALP, by Gen. T. Jackson, M.D., Chief of Dermatological Clinic, College of Physicians and Surgeons, New York. Illustrated. Second edition. Enlarged, $2.75.

HOW TO USE THE FORCEPS: A Manual of the Obstetric Art and Mechanism of Labor,

by Prof. H. G. Landis, M.D., Columbus, O. Enlarged edition, by C. H. Bushong, M.D., New York, $1.75.

Also just issued: PRACTICAL HYGIENE, based on modern theories and scientific progress, by C. G. Currier, M.D., New York, Specialist and Expert in Sanitary Science. $2.75.

Perturbed Nervous Forces—An Unsurpassed Composer and Pain-Reliever.

The season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as its predecessor, la grippe, still makes apropos an extract from the *Medical Summary*. It says, in speaking of the action of antikamnia:

"This drug has a well-earned character as an analgesic. It is one of the few among the many claimants for favor that have successfully stood the test of experience. In a case of acute poly-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be overpraised. In the prevailing epidemic of la grippe its usefulness as a pain reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours will relieve the severest cases, in a few hours causing the splitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinquish la grippe as no other agent or combination of agents has ever done, producing not a single unpleasant symptom and leaving no sequellæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness."

In line with and supplementary to the foregoing, Hugo Engle, A.M., M.D., late lecturer on electro-therapeutics, Jefferson Medical College, professor of nervous diseases and clinical medicine, Medical Chir. College, and consultant in nervous diseases at St. Joseph's Hospital, Philadelphia, says:

"The remedy has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain, five grains are administered at once; three minutes later the same dose is repeated, and if necessary a third dose, given three minutes after the second. In ten minutes after the third dose the remedy has had a decided effect, but a little of the pain be remaining, a fourth dose of gr. v may then be administered. In 92 per cent. of all cases it immediately stops the pain.

"The following is an excellent prescription in la grippe and painful bronchial catarrh:

℞

Antikamnia (genuine)....ʒ ij
Mist. glycyrrh. comp.....ʒ iij
F. E. rad. glycyrrh.....ʒ ij
Vini rubri gall...q. s. ft..ʒ vj

M. Sig.: Two teaspoonfuls every three hours.

"For whooping-cough in a child four years old:

℞

Antikamnia (genuine)....grs. xxxvj

Divide in chart, No. xij.

Sig.: At night one powder every fifteen minutes until three have been taken. Administer in dilute claret, or port or sherry wine.

"As an antipyretic from gr. v to gr. x should be given every ten minutes until the temperature has been reduced, or 40 to 50 grains have been taken, when the same dose is repeated at longer intervals until the desired effect is obtained."

Salipyrin in Menstrual Difficulties.

Burtscheid (*Deutsche Medicinal Zeitung*) obtains excellent results from salipyrin in in excessive menstration and in menstrual difficulties, even in the climacteric age, when the trouble is not dependent upon severe organic disease of the uterus. When used at the beginning of the period, salipyrin proves superior to preparations of ergot and hydrastis, as it materially reduces the duration and the quantity of the flow. He gives

℞

Salipyrini.....1.0 (gr. xv)

D. tal. dos. xii in capsul. amylad.

S. One three times daily.

—*Condensed Extracts.*

SALIPYRIN is a salicylate of antipyrin. In the chemical union of the factors of this preparation by which the salt is produced, the antipyretic action of antipyrin is sustained and augmented while certain of its undesirable qualities are eliminated. Thus the antithermic action of salipyrin is more prolonged and more powerful than that of antipyrin; it is non-irritating, while antipyrin is a gastro-intestinal irritant; it does not produce depressing after effects, antipyrin does; and it is less easily toxic than antipyrin. As an antipyretic in rheumatic fevers, salipyrin is, in our belief, without a peer, and its only rival is salocoll (falicylate of phenocoll). Moreover, in rheumatism it is curative. Salipyrin possesses marked anti-neuralgic and anodyne properties, and in the treatment of those various manifestations, termed "neuralgias," is far superior to antipyrin, being both safer and more certain of action. Dose, 7½ to 15 grains.

Patient.—"What ought I do when my feelings of exhaustions come on."

Doctor.—"Go and lie down like any other beast."

A LETTER of the secretary general's, dated November 29th, informs me that "traveling documents" will be sent to the address of every subscriber on or before February 15, 1894; and that after that date congressists will have to apply to the undersigned.

It also contains the following regulations of former circulars:

"Members' dues are five dollars (money order to Prof. L. Pagliani, Rome), guests' (wives and adult relations) two dollars, medidal students, no fees. All are entitled to traveling documents.

"Reductions on the Italian railways are available from March 1st until April 30th."

A. JACOBI, M.D.,
Chairman National Committee.

THE undersigned chairman of the American National Committee of the Eleventh International Medical Congress has received the following communications from the secretary general:

"First. Papers to be read in any of the sections of the congress should be announced on or before January 31st, 1894, to the secregeneral, Prof. E. Maragliano, Ospedale Pammatone, Genova, Italy.

"Second. The title of the paper ought to be accompanied with a brief abstract of its contents and conclusions.

"Third. The program to be distributed will contain the titles of all the papers announced before August 31, 1893, and since.

"Fourth. The reductions granted by the railway companies months ago will be availfrom March 1 to April 30, 1894."

In the interest of such medical men as will sail for Europe before official cards will have been received from the general committee, the undersigned proposes to supply in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practital value. It is suggested besides that a passport may increase the traveler's facilities.

Very respectfully,
A. JACOBI, M.D.,
110 W. 34th Street, New York.